

BEFORE THE BOARD OF NURSING  
DEPARTMENT OF LABOR AND INDUSTRY  
STATE OF MONTANA

In the matter of the proposed )  
amendment of ARM 8.32.301, 8.32.305, )  
8.32.306, 8.32.402, 8.32.405, )  
8.32.412, 8.32.413, 8.32.1501, )  
8.32.1502, 8.32.1505, 8.32.1506, )  
8.32.1509, 8.32.1510, the proposed )  
adoption of NEW RULES I through IV, )  
related to probationary licenses, )  
standards of practice for advanced )  
practice registered nurses, )  
standards related to the advanced )  
practice of registered nurses, and )  
standards related to nurses as )  
members of the nursing profession, )  
and the proposed repeal of ARM )  
8.32.1507, method of referral, )  
all pertaining to nursing matters )

TO: All Concerned Persons

1. On Friday, August 23, 2002, at 10:00 a.m., a public hearing will be held in the fourth floor conference room of the old Federal Building, 301 South Park Avenue, Helena, Montana to consider the proposed amendment, adoption, and repeal of the above-stated rules.

2. The Department of Labor and Industry will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Nursing no later than 5:00 p.m., August 16, 2002, to advise us of the nature of the accommodation that you need. Please contact Jill Caldwell, Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2342, Montana Relay 1-800-253-4091; TDD (406) 444-2978; facsimile (406) 841-2343; e-mail dlibsdnur@state.mt.us.

3. The rules proposed to be amended provide as follows:  
(stricken matter interlined, new matter underlined)

8.32.301 NURSE PRACTITIONER PRACTICE (1) Nurse practitioner practice means the independent and/or interdependent management of primary and/or acute health care of individuals, families and communities including ~~the ability to~~:

(a) ~~assess~~ assessing the health status of individuals and families using methods appropriate to the client population and area of practice such as health history taking,

physical examination, and assessing developmental health problems;

(b) ~~institute~~ instituting and ~~provide~~ providing continuity of health care to clients, including:

(i) ordering durable medical equipment, treatments and modalities;

(ii) receiving and interpreting results of diagnostic procedures;

(iii) making medical and nursing diagnoses; and

(iv) working ~~work~~ with clients to insure their understanding of and compliance with therapeutic regimes;

(c) ~~promote~~ promoting wellness and disease prevention programs;

(d) ~~recognize~~ recognizing when to refer clients to a physician or other health care provider;

(e) ~~provide~~ providing instruction and counseling to individuals, families and groups in the areas of health promotion and maintenance, including involving such persons in planning for their health care; and

(f) ~~work~~ working in collaboration with other health care providers and agencies to provide and, where appropriate, coordinate services to individuals and families.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. The Board has been criticized for not clearly defining scopes of practice, and frequently, the Board needs a clearer definition of the nurse practitioner's practice in discipline cases involving practice issues. The Board is proposing this rule change to clarify the scope of the nurse practitioner. The rule also matches educational and clinical preparation required for licensure. The rule change will affect all nurse practitioners. Although ordering medical equipment, treatments and modalities, receiving and interpreting results of diagnostic procedures is inherent in nurse practitioner practice, this amendment will clarify that it is within the scope.

8.32.305 EDUCATIONAL REQUIREMENTS AND OTHER QUALIFICATIONS APPLICABLE TO ADVANCED PRACTICE REGISTERED NURSING (1) and (1)(a) remain the same.

(b) For original recognition after June 30, 1995, a master's degree from an accredited nursing education program, or a certificate from an accredited post master's program as defined in (1)(a), which prepares the nurse for the advanced practice registered nurse APRN recognition applied for sought; and individual certification from a board-approved certifying body. ~~Advanced practice registered nurses APRNs~~ who completed an accredited ~~advanced practice registered nurse APRN~~ program and obtained national certification prior to June 30, 1995, may be recognized in Montana.

(2) Applicants for recognition as a ~~clinical nurse specialist~~ CNS shall possess a master's degree in nursing from an accredited nursing education program which prepares the nurse for a ~~clinical nurse specialist~~ CNS practice, and individual certification from a board-approved certifying body.

(3) Applicants for recognition as a psychiatric CNS shall possess a master's degree in nursing from an accredited nursing education program which prepares the nurse for a psychiatric CNS practice. If the psychiatric CNS plans to diagnose and treat, proof of education related to diagnosing, treating and managing psychiatric clients shall be provided. This education must integrate pharmacology and clinical practice.

(a) After July 1, 2005, the board will not recognize newly certified psychiatric CNSs who provide medical diagnoses and treatments. Individuals intending to practice in this manner will be required to be certified as psychiatric nurse practitioners.

(4) For approval in a subspecialty practice setting, the licensee shall submit documentation of, or a plan for, achievement of competency in the subspecialty area.

~~(3)~~ (5) Applicants for recognition in any ~~advanced practice registered nurse~~ APRN area, ~~shall be~~ are subject to the provisions of 37-8-441, MCA.

AUTH: 37-8-202, MCA  
IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. Section 37-8-202(5)(a), MCA, gives the Board the authority to define the educational requirements and other qualifications applicable to recognition of advanced practice registered nurses. The amendment is necessary because an increasing number of generalist APRNs are choosing to practice in a subspecialty area and the Board needs to assure the public that this individual is a safe practitioner. Since an exam may not exist to test such competence, the individual is being required to document competency by showing preceptorship, collaborative practice, and continuing education in the area of specialty. Subsection (3) is necessary now to fill a gap that exists in proving psychiatric CNSs have the educational background necessary to diagnose and treat clients. After July 1, 2005, proof of this background will be shown through the requirement that all psychiatric CNSs take the nurse practitioner exam. Subsection (3)(a) is needed now as the advance practice of psychiatric nursing is changing and the necessary clinical training is also evolving. The Board needs to assure the public that these licensees are competent to diagnose and treat clients. This rule will affect all future clinical nurse specialists in Montana in some way.

8.32.306 APPLICATION FOR RECOGNITION (1) Upon application a person licensed under the provisions of 37-8-406, MCA, and meeting the requirements set forth under the educational requirements and other qualifications applicable to advanced practice registered nursing shall be granted recognition and shall have ~~his/her~~ the registered nurse renewal certificate also designate ~~his/her~~ the licensee's area of advanced practice.

(2) remains the same.

(a) completed application for recognition form provided by the board. The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required;

(b) through (g) remain the same.

(3) remains the same.

AUTH: 37-1-131, 37-8-202, MCA

IMP: 37-1-134, 37-8-202, 37-8-431, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. The Board of Nursing receives many applications from individuals who do not follow the application process to its end. Many decide they do not want to move to Montana, and some decide not to take the certifying exam or NCLEX. The result is an abundance of partially completed applications, which not only consume physical and electronic resources, but also slows the licensure system. By limiting the time an application can be active to one year, the system will be more efficient and space will be saved. The rule change will affect all new nursing licensees in Montana.

8.32.402 LICENSURE BY EXAMINATION (1) through (3) remain the same.

(4) The application for licensure by examination and the examination fee shall be submitted to the board office. The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required.

(5) remains the same.

(6) A passing score on the appropriate NCLEX examination shall be required for licensure as a professional or practical nurse. ~~The passing score is set by the national council of state boards of nursing's panel of content experts~~ The national council of state boards of nursing's panel of content experts determines the passing score.

(7) through (12) remain the same.

(13) The candidate's examination results will be maintained in ~~his/her~~ the application file ~~in the bureau of professional and occupational licensing, with the department of commerce.~~

AUTH: 37-8-202, MCA

IMP: 37-8-406, 37-8-416, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. The Board of Nursing receives many applications from individuals who do not follow the application process to its end. Many decide they do not want to move to Montana, and some decide not to take the certifying exam or NCLEX. The result is an abundance of partially completed applications, which not only consume physical and electronic resources, but also slows the licensure system. By limiting the time an application can be active to one year, the system will be more efficient and space will be saved. The rule change will affect all new nursing licensees in Montana.

8.32.405 LICENSURE BY ENDORSEMENT (1) remains the same.

(a) a completed application including the following identifiers:

(i) a picture, social security number, birthdate, and documentation of name change;

(ii) The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application will be required;

(b) through (g) remain the same.

(h) Practical nurse applicants shall present evidence of having passed a licensure examination as follows:

(i) 350 on the state board test pool examination for practical nurses; or

(ii) a minimum scaled score of 350 on a NCLEX-PN (national council licensure examination for practical nurses) examination taken prior to September, 1988; or

(iii) a passing score on a NCLEX-PN examination taken after September, 1988; and

(i) remains the same.

(2) through (4) remain the same.

AUTH: 37-8-202, MCA

IMP: 37-1-304, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. The Board of Nursing receives many applications from individuals who do not follow the application process to its end. Many decide they do not want to move to Montana, and some decide not to take the certifying exam or NCLEX. The result is an abundance of partially completed applications, which not only consume physical and electronic resources, but also slows the licensure system. By limiting the time an application can be active to one year, the system will be more efficient and space will be saved. The rule change will affect all new nursing licensees in Montana.

8.32.412 INACTIVE STATUS (1) through (3) remain the same.

(4) An APRN must also hold a registered nurse license.

(5) An APRN may request inactive status if the APRN's RN license is either active or inactive.

(6) To reactivate an inactive APRN license, the APRN shall submit proof of 20 continuing education units obtained within the 12 month period preceding reactivation.

(a) If prescriptive authority is requested, an additional five continuing education units are required in pharmacology or pharmaceutical management.

AUTH: 37-8-202, MCA

IMP: 37-8-431, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. This change is necessary because currently, an APRN does not have the option of an inactive license. The APRN who leaves the state must either renew the license each year or allow the license to lapse. If the license lapses, and the APRN wishes to return to Montana, the reapplication process becomes quite similar to the initial application. Several APRNs have requested inactive status over the past few years, and the Board sees this as a way to encourage APRNs to return to Montana to practice. The continuing education requirements help the Board to assure the public that the licensees have maintained competency. The rule affects any APRN who wants to have an inactive license. The office receives 2 to 5 requests a year.

8.32.413 CONDUCT OF NURSES (1) and (1)(a) remain the same.

(b) All nurses shall notify the board office of any change in address within 10 days of the change. Failure to notify the board of an address change may result in a fine.

(2) Unprofessional conduct, for purposes of defining 37-1-307, MCA, in addition to unprofessional conduct listed at ~~37-1-136~~ 37-1-316, MCA, the following being unique, is determined by the board to mean behavior (acts, omissions, knowledge, and practices) which fails to conform to the accepted standards of the nursing profession and which could jeopardize the health and welfare of the people and shall include, but not be limited to, the following:

(a) through (t) remain the same.

AUTH: ~~37-1-136~~ 37-1-316, 37-1-319, 37-8-202, MCA

IMP: ~~37-1-136~~ 37-1-316, 37-1-319, 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. The new subsection (1)(b) is necessary because the failure of the licensee to notify the Board office of an address change is very costly and time consuming to the Board office. Board staff must reprocess, or at the very least, rehandle all returned mail. In the case of license

renewals, the licensee must notify the Board office of the change, in writing, and then the mail must be resent. This is costly for both the licensee and the office. The delay may also result in a licensee not being able to work, if the license was not renewed on time. This is a serious issue and may even result in further fines or loss of the ability to practice. This rule affects all nurses who change their address. Approximately 1500 nurses change their addresses annually.

The change in subsection (2) is a change to correct an incorrect citation. It originally should have been 37-1-316, MCA, but was mistyped as 37-1-136, MCA. It will not affect anyone.

8.32.1501 PRESCRIPTIVE AUTHORITY FOR ~~ADVANCED PRACTICE REGISTERED NURSES~~ NURSE PRACTITIONERS, CERTIFIED REGISTERED NURSE ANESTHETISTS AND CERTIFIED NURSE MIDWIVES (1) This subchapter will be known and may be cited as the ~~advanced practice registered nurse~~ APRN prescriptive authority rules.

(2) An ~~advanced practice registered nurse~~ APRN granted prescriptive authority by the board of nursing may prescribe and dispense drugs pursuant to applicable state and federal laws.

(a) Only NPs, CRNAs, and CNMs with unencumbered licenses may hold prescriptive authority.

(b) All CRNAs are required to have prescriptive authority.

(3) Prescriptive authority permits the ~~advanced practice registered nurse~~ APRN to receive pharmaceutical samples, prescribe, dispense and administer prescription drugs in the prevention of illness, the restoration of health and/or the maintenance of health in accordance with 37-2-104, MCA.

~~(4) (a) The board of nursing will provide the boards of pharmacy and medical examiners with an annual list of advanced practice registered nurses with prescribing authority and their titles.~~

~~(b) The board of nursing will promptly forward to the boards of pharmacy and medical examiners the names and titles of advanced practice registered nurses added to or deleted from the annual list.~~

~~(c) The boards of pharmacy and medical examiners will be notified in a timely manner when the prescriptive authority of an advanced practice registered nurse APRN is terminated, suspended or reinstated.~~

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes to amend this rule to change the title to clarify who is governed by this rule.

8.32.1502 DEFINITIONS (1) remains the same.

(2) "Advanced practice registered nurse" or "APRN" is a registered nurse recognized by the board to practice as an advanced practice registered nurse pursuant to 37-8-202(5)(a), MCA, and ARM 8.32.305. ~~This term is interchangeable with the term "nurse specialist", as used in 37-8-202(5)(b), MCA, with the additional category of clinical nurse specialists.~~

(a) There are four types of APRNs:

(i) nurse practitioner (NP);

(ii) certified nurse midwife (CNM);

(iii) certified registered nurse anesthetist (CRNA); and

(iv) clinical nurse specialist (CNS).

(b) Only an APRN recognized by the board may use the initials indicating APRN licensure or the title nurse specialist.

(3) "Certifying body" is a national certifying organization which ~~examines and validates credentials of advanced practice registered nurses~~ uses psychometrically sound examinations to examine and validate competency of APRNs and which has been approved by the board of nursing as a certifying agency for ~~advanced practice registered nurse APRN~~ recognition. ~~A list of certifying agencies approved by the board of nursing is available from the board office.~~

(4) "Committee" refers to the ~~prescriptive authority~~ APRN committee, as ~~defined~~ established in ARM ~~8.32.1501~~ 8.32.1503.

(5) "Continuing education" is that education either provided or approved by an academic institution of higher learning or a recognized certifying body. One continuing education unit equals fifty minutes of instruction.

(6) "Department" means the department of labor and industry as provided for in Title 2, chapter 15, part 17, MCA.

~~(5)~~ (7) "Drug" is a substance defined by 37-7-101~~(6)~~, MCA.

~~(6)~~ (8) "Prescription" is an order for a drug, as defined by 37-7-101~~(13)~~, MCA, or any medicine, devices or treatments, including controlled substances listed in schedule II-V, as defined by federal law in the Code of Federal Regulations, Title 21, section 1306.

(9) "Peer" means a licensed independent practitioner whose credentials and practice encompass the APRN's scope and setting of practice. If the APRN has prescriptive authority, the peer shall also have prescriptive authority.

(10) "Physician reviewer" means a licensed physician whose credentials and practice encompass the APRN's scope and setting of practice.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. The change to (2) is necessary to reduce confusion created when non-APRNs use the term "nurse specialist," which is not recognized by the Board, in contrast



with the Board-approved designation of "clinical nurse specialist." The public may not be aware of the difference between the two titles. Subsection (3) clarifies that the Board will only accept APRN certification by certifying bodies that use sound examination methods. Definitions for "peer" and "physician reviewer" are necessary to eliminate confusion as to who qualifies to review a licensee's quality assurance plan. Additional housekeeping amendments and the abbreviation "APRN" are implemented to streamline and simplify the rules.

8.32.1505 PRESCRIBING PRACTICES (1) through (2) remain the same.

(a) name, title, address and phone number of the advanced practice registered nurse who is prescribing~~;~~i

(b) name ~~and address~~ of client~~;~~i

(c) date of prescription~~;~~i

(d) the full name of the drug, dosage, route, amount to be dispensed, and directions for its use~~;~~i

(e) number of refills~~;~~i

~~(f) expiration date of prescriptive authority,~~

~~(g)(f)~~ signature of prescriber on written prescription~~;~~i  
and

(h) remains the same, but is renumbered (g).

(3) through (5) remain the same.

~~(6) An advanced practice registered nurse with prescriptive authority may administer local anesthetics.~~

~~(7) (6) An advanced practice registered nurse APRN with prescriptive authority who also possesses inpatient care privileges will shall practice pursuant to a written agreement between the agency and the advanced practice registered nurse APRN which is consistent with the rules, regulations and guidelines set forth in 37-8-202(5) and 37-2-104, MCA, and ARM 8.32.301 through 8.32.303, and this subchapter. The advanced practice registered nurse will file the written agreement and revision thereof with the board of nursing.~~

~~(8) (7) An advanced practice registered nurse APRN with prescriptive authority from the board of nursing will comply with the requirements of 37-2-104, MCA.~~

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. It is not necessary for the licensee to obtain the patient's address as this is done by the pharmacy. The change in (2)(d) is necessary to conform to standard acceptable prescribing practices. (2)(f) is seen as unnecessary since all prescriptive authority expires on the same day of the same year. (6) is not necessary as all nurses are authorized to administer local anesthetics. The abbreviation "APRN" is being implemented throughout in an effort to further streamline and simplify the rules.

8.32.1506 SPECIAL LIMITATIONS RELATED TO THE PRESCRIBING OF CONTROLLED SUBSTANCES (1) An ~~advanced practice registered nurse~~ APRN ~~will shall~~ not prescribe controlled substances for self or for members of the ~~advanced practice registered nurse's~~ APRN's immediate family.

(2) An ~~advanced practice registered nurse~~ APRN ~~will shall~~ not provide controlled substances or prescription drugs for other than therapeutic purposes.

(3) A prescription for schedule II drugs ~~will shall~~ not exceed the quantity ~~necessary for a three month period allowable by federal drug enforcement administration regulations.~~ Prescriptions for schedule III-V drugs will not exceed the quantity necessary for a three-month period.

(4) An ~~advanced practice registered nurse~~ APRN ~~will shall~~ not prescribe refills of controlled substances unless the refill prescription is in writing.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. The new language proposed in (3) is necessary to assure the Board that licensees meet all federal requirements for controlled substances. The language proposed for repeal in (3) is not a DEA requirement, and in many cases, it causes a delay for patients to get renewed prescriptions. The Board of Pharmacy supports this change. The change will affect all APRNs with prescriptive authority who write prescriptions for scheduled drugs. The abbreviation "APRN" is being implemented throughout in an effort to further streamline and simplify the rules.

8.32.1509 TERMINATION OF PRESCRIPTIVE AUTHORITY

(1) through (1)(c) remain the same.

(d) the ~~advanced practice registered nurse~~ APRN has:

(i) prescribed outside the ~~advanced practice registered nurse's~~ APRN's scope of practice; i

(ii) ~~has~~ prescribed for other than therapeutic purposes; i or

(iii) ~~has~~ otherwise violated the provisions of the prescriptive authority rules contained in this subchapter; or

(e) the ~~advanced practice registered nurse~~ APRN has violated any state or federal law or regulations applicable to prescriptions;

~~(f) the advanced practice registered nurse has violated the nurse practice act or rules.~~

(2) remains the same.

~~(3) The board of nursing will promptly notify the board of pharmacy of any termination of prescriptive authority.~~

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. Previous rules address violations of the nurse practice act or rules. (3) Notification of the Board of Pharmacy is in a previous rule. These changes will not affect any licensees. They are necessary to reduce redundancy in the current rules. The abbreviation "APRN" is being implemented throughout in an effort to further streamline and simplify the rules.

8.32.1510 RENEWAL OF PRESCRIPTIVE AUTHORITY (1) The ~~advanced practice registered nurse's~~ APRN's prescriptive authority will expire on December 31 of even numbered years.

(2) To renew prescriptive authority, the ~~advanced practice registered nurse~~ APRN will submit to the board of nursing:

(a) a completed renewal application and a non-refundable fee-i

(b) documentation of accredited pharmacological continuing education completed during the two-year period immediately preceding the renewal application. Continuing education will be from:

(i) study provided by advanced formal education-i or

(ii) continuing education seminars or programs approved by certifying bodies- i and

(iii) the majority of the course work must concern the study of pharmaceutical medications and not herbal or complementary therapies; and

(c) A proof of a minimum of ~~six~~ 10 contact hours of continuing education in pharmacology or pharmacology management is required during the two-year period immediately preceding the effective date of the prescriptive authority renewal. ~~The continuing education will be by a professional accrediting organization approved by the board of nursing and~~ a ~~two~~ four hours will ~~must~~ be face-to-face interaction. The majority of the course work must concern the study of pharmaceutical medications and not herbal or complementary therapies.

(3) These continuing education units are in addition to those required to renew the general APRN license.

~~(3)~~ (4) If an ~~advanced practice registered nurse~~ APRN fails to renew prescriptive authority prior to the expiration date of that authority, the ~~advanced practice registered nurse's~~ APRN's prescriptive authority will expire. The ~~advanced practice registered nurse~~ APRN may not prescribe until renewal is completed and the ~~advanced practice registered nurse~~ APRN has received written notice that the prescriptive authority has been reinstated.

~~(a) The board of nursing will promptly notify the board of pharmacy of any expiration or other termination of prescriptive authority.~~

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to amend this rule. These changes are necessary to clarify the required elements for the renewal of prescriptive authority. Because the Board will now require continuing education for all APRNs, the Board will clearly distinguish the two types of necessary continuing education. The Board feels that since the majority of prescriptions are written for pharmaceutical medicine, the majority of required continuing education coursework should also focus on pharmaceutical medicine. Notification of the Board of Pharmacy is in a previous rule. The rule will affect all 325 APRNs with prescriptive authority. The abbreviation "APRN" is being implemented throughout in an effort to further streamline and simplify the rules.

4. The proposed new rules provide as follows:

NEW RULE I PROBATIONARY LICENSES (1) Any nurse working pursuant to a probationary license must work under the direct supervision of another nurse or physician as follows:

(a) the supervisor for an LPN on probation must be an RN, APRN or physician with a current, unencumbered license;

(b) the supervisor for an RN on probation must be an RN, APRN or physician with a current, unencumbered license; and

(c) the supervisor for an APRN on probation must be an APRN or a physician with a current, unencumbered license.

AUTH: 37-1-136, 37-1-319, 37-8-202, MCA

IMP: 37-1-136, 37-1-319, 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to propose this rule. NEW RULE I is necessary to protect the public. Adequate supervision is required of licensees on probation since the reason they are on probation relates to their ability to render safe nursing care. For the same reason, an individual whose practice is not on probation must perform the supervision. The public must be assured that the probationary licensee is being adequately supervised from a person who does not have negative practice issues. This change will affect all licensees who are on probation. Currently 45 nurses are on probation.

NEW RULE II PURPOSE OF STANDARDS OF PRACTICE FOR THE ADVANCED PRACTICE REGISTERED NURSE (1) The purpose of the standards is to:

(a) establish minimal acceptable levels of safe effective practice for the APRN; and

(b) serve as a reference for the board to evaluate safe and effective advanced practice nursing care.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to propose this rule. The Board proposes NEW RULE II to explain the role and responsibilities of the APRN. Before this, the APRNs fell within the RN section of Subchapter 14. This new rule will define the individual criteria that apply only to APRNs. This is necessary now because the Board office is seeing an increase in the number of APRNs, and clear definitions of their roles and responsibilities will help the licensees and the public understand what can be expected of all APRNs.

NEW RULE III STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE'S RESPONSIBILITY TO APPLY THE NURSING PROCESS

- (1) The APRN shall:
  - (a) perform and document thorough and comprehensive, or focused assessment of clients by:
    - (i) collecting, synthesizing and analyzing data, utilizing nursing principles and nursing process at an advanced level; and
    - (ii) utilizing evidence-based research data in nursing practice;
  - (b) establish and document an appropriate diagnosis, treatment plan and strategy of care based on the assessment, including:
    - (i) individual client needs;
    - (ii) priorities of care;
    - (iii) collaborations when appropriate;
    - (iv) method by which treatment will be evaluated;
    - (v) plan of action for appropriate follow-up;
  - (c) provide and document expert guidance and education when working with clients, families and other members of the health team;
  - (d) manage and document all aspects of the client's health status within the APRN's competencies, scope and practice; and
  - (e) document appropriate referrals when a client's health status and needs exceed the APRN's competencies and/or scope of practice.

AUTH: 37-1-301, 37-8-102, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to propose this rule. The Board proposes NEW RULE III to explain the role and responsibilities of the APRN. Before this, the APRNs fell within the RN section of Subchapter 14. This new rule will define the individual criteria that apply only to APRNs. This is necessary now because the Board office is seeing an increase in the number of APRNs, and clear definitions of their roles and responsibilities will help the licensees and the public understand what can be expected of all APRNs.

NEW RULE IV STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE'S RESPONSIBILITIES AS A MEMBER OF THE NURSING PROFESSION (1) The APRN shall:

(a) adhere to the same standards as those required in ARM 8.32.1404 for the registered nurse;

(b) possess the requisite knowledge, judgement and skill to safely and competently perform any function that the APRN undertakes;

(c) have on file in the board office:

(i) a method of quality assurance used to evaluate the practice of the APRN; and

(ii) a referral process including licensed physicians and a method to document referral in the client records;

(d) immediately file with the board of nursing any proposed change in the method for referral, client record documentation or quality assurance method. Any change will be subject to approval by the board of nursing;

(e) in even-numbered years, submit a declaration made under penalty of perjury to the board office documenting the following:

(i) quality assurance plan and reviewer(s);

(ii) acknowledgement of scope of practice;

(iii) continuing education; and

(iv) practice site; and

(f) submit proof of recertification within 30 days of its expiration.

AUTH: 37-1-301, 37-8-102, 37-8-202, MCA

IMP: 37-1-131, 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to propose this rule. The Board proposes NEW RULE IV to explain the role and responsibilities of the APRN. Before this, the APRNs fell within the RN section of Subchapter 14. This new rule will define the individual criteria that apply only to APRNs. This is necessary now because the Board office is seeing an increase in the number of APRNs, and clear definitions of their roles and responsibilities will help the licensees and the public understand what can be expected of all APRNs.

5. 8.32.1507 METHOD OF REFERRAL a rule proposed to be repealed, is found at ARM page 8-1021.4.

AUTH: 37-8-202, MCA

IMP: 37-8-202, MCA

REASON: The Board proposes there is reasonable necessity to repeal this rule because the initial APRN license application and renewal affidavit will solicit this information, thus making this rule unnecessary. The Board feels this will streamline and simplify the process, and assure the licensees' compliance with notifying the Board office of any changes.

6. Concerned persons may present their data, views or arguments either orally or in writing at the hearing. Written data, views or arguments may also be submitted by mail to:

Jill Caldwell  
Board of Nursing  
Department of Labor and Industry  
P.O. Box 200513  
Helena, Montana 59620-0513

by facsimile to (406) 841-2343, or by e-mail to dlibsdnur@state.mt.us and must be received no later than 5:00 p.m., August 23, 2002.

7. An electronic copy of this Notice of Public Hearing is available through the Department and Board's site on the World Wide Web at <http://www.discoveringmontana.com/dli/nur>, in the Rules Notices section. The Department strives to make the electronic copy of this Notice of Public Hearing conform to the official version of the Notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the Notice and the electronic version of the Notice, only the official printed text will be considered. In addition, although the Department strives to keep its website accessible at all times, concerned persons should be aware that the website may be unavailable during some periods, due to system maintenance or technical problems, and that a person's technical difficulties in accessing or posting to the e-mail address does not excuse late submission of comments.

8. The Board of Nursing maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this Board. Persons who wish to have their name added to the list shall make a written request which includes the name and mailing address of the person to receive notices and specifies that the person wishes to receive notices regarding all Board of Nursing administrative rulemaking proceedings or other administrative proceedings. Such written request may be mailed or delivered to the Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, faxed to the office at (406) 841-2305, e-mailed to dlibsdnur@state.mt.us or may be made by completing a request form at any rules hearing held by the agency.

9. Darcee Moe, attorney, has been designated to preside over and conduct this hearing.

10. The bill sponsor notice requirements of 2-4-302, MCA, do not apply.

11. The Board of Nursing will meet on October 10, 2002, in Helena to consider the comments made by the public, the

proposed responses to those comments, and take final action on the proposed amendments, new rules and repeal. The meeting will be held in conjunction with the Board's regular meeting. Members of the public are welcome to attend the meeting and listen to the Board's deliberations, but the Board cannot accept any comments concerning the proposed amendments, new rules or repeal beyond the August 23, 2002, deadline.

BOARD OF NURSING  
JACK BURKE, RN, CHAIRMAN

By: /s/ WENDY J. KEATING  
Wendy J. Keating, Commissioner  
DEPARTMENT OF LABOR & INDUSTRY

By: /s/ KEVIN BRAUN  
Kevin Braun  
Rule Reviewer

Certified to the Secretary of State, July 15, 2002.